



PERMIT APPLICATION
Explosive Firm License – 3301.2

GENERAL INSTRUCTIONS FOR THE APPLICANT

- **PLEASE READ OVER THIS APPLICATION THOROUGHLY AND FILL OUT COMPLETELY, USING INK OR OTHER PERMANENT MARKER.**
- **PLEASE PRINT ALL RESPONSES.**
- **SUBMIT THIS APPLICATION, WITH ALL LISTED ATTACHMENTS, TO THE FIRE MARSHAL'S OFFICE. THE FIRE MARSHAL REVIEW MAY TAKE UP TO 30 DAYS, NO OTHER EXPLOSIVE/BLASTING RELATED PERMIT WILL BE REVIEWED OR ISSUED UNTIL THE FIRM PERMIT IS APPROVED.**
- **AN INTERVIEW WILL BE SCHEDULED AND CONDUCTED WITH THE APPLICANT TO VERIFY ALL REQUESTED INFORMATION.**
- **INFORMATION PROVIDED IN ATTACHMENTS WILL BE REVIEWED AND RETURNED TO THE APPLICANT.**

1. **Explosives/Blasting Company**
Name: _____
2. **Company Business Phone #** _____
3. **Company Emergency Phone #** _____
4. **Company Address** _____

Street Address or P.O. BoxCityStateZip
5. **F.I.D (Federal Identification Number)** _____
6. **Full Name of Applicant** _____
7. **Full Name of Blasting/Explosives Supervisor:** _____
8. **24 hour Emergency Contact Number for Supervisor:** _____

9. **Financial Responsibility:**
 - **A document of financial responsibility shall be provided, current and on file with this office.**
 - **Insurance for blasting: The minimum amount of a certificate of insurance shall not be less than \$2,000,000 (two million dollars). This certificate of insurance shall name the County of Loudoun as an additional insured and shall indemnify the County, its agents and employees from any and all actions which may result from the permitted blasting.**

10. Attachment and required documents for review

- Check sheet, please complete the attached check sheet for review at the interview.
- Document of financial responsibility (will become part of file).
- Copies of United States Department of Transportation (USDOT); (1) Hazardous Materials Registration Number; (2) Hazardous Materials Safety Permit.
- Related explosive permits or licenses required by: Bureau of Alcohol Tobacco Firearms and Explosives (ATFe), Virginia Department of Housing and Community Development (DHCD), and the Virginia Department of Mines Minerals and Energy (DMME).
- Safety and Security Plan

11. Final Review and Signatures

By my signature:

- I attest that the supplied information is accurate and correct.
- I acknowledge and agree to comply with all applicable requirements of the Loudoun County Fire Marshal's Office, to include the Loudoun County Fire Prevention Code and its referenced standards governing the use, storage, display and disposal of Explosives and the Loudoun County Explosives and Blasting Requirements.
- I agree to comply with the provisions of the reviewed Safety and Security plan. If this plan cannot be enacted, I acknowledge that I am responsible for compensating Loudoun County for any and all costs (salaries, overtime, materials, supplies, professional services) related to scene security, emergency destruction operations and hazardous materials clean up whenever the immediate removal, storage, transport and destruction of any and all explosives cannot be accomplished by a firm approved by the Fire Marshal (Reference the Code of Virginia, §15.2-900).

If approved for permit issuance, I further acknowledge and understand that any Loudoun County Fire Prevention Code violations identified after permit issuance may result in immediate permit suspension or revocation.

Applicant Signature _____

Date _____

Fire Marshal Signature _____

Date _____

Explosive Firm License – Check Sheet

Note: This information will be reviewed by the Loudoun County Fire Marshal's Office and the documents will be returned to the applicant after an interview has been conducted.

1. Names of certified blasters/Explosive Handlers:

- **Name and birthdates for all blasters (attach additional pages as needed):**

Name (print)	DOB	Certification #

- Names and birthdates for all persons handling explosives that are not certified blasters.

Name	DOB

2. Please provide a list of all explosive transport vehicles

Make	License Plate	Weight	VIN#

- a. Please provide a copy of your USDOT Hazardous Materials Registration number.
- b. Please provide a copy of your USDOT Hazardous Materials Safety Permit.

3. Safety and Security Plan

A written safety and security plan must be submitted as part of the permit review process. This plan shall include the following minimum information:

- Blasting site security and explosive storage/transport security.
- Handling, use and storage safety requirements.
- Procedures to be followed for mis-fires.
- Procedures to be followed for complaints.

- Procedures to be followed in the event of an emergency or accident. This must include emergency notification to Loudoun County, Staff and emergency personnel.
- Procedures for retrieval, security, disposal and or transport of Explosives that are damaged or otherwise rendered unstable by the Fire Marshal. If this requires the services of a third party, this shall include the contact information and proof that said firm is a certified hazardous disposal firm, licensed to conduct business in Virginia. Said firm shall be immediately accessible for notification purposes by the applicant and shall be on site within a twenty four (24) hour period once notified by the applicant. Should the applicant not include the name and contact information of such a company, the applicant acknowledges that it will be responsible for paying all costs that may be incurred by the Fire Marshal's Office in abating and cleaning up explosives which constitute a hazard.

4. Related Permits and/or License:

Please provide a copy of all related explosive permits or license(s) required by: Bureau of Alcohol, Tobacco, Firearms and Explosives (ATFe) ; Department of Housing and Community Development (DHCD) and Department of Mines, Minerals and Energy (DMME).

5. Please list locations of recent blasting operations that have not occurred in Loudoun County, list at least three (3) different jurisdictions.

Location	Date(s)	Jurisdiction Contact

**LOUDOUN COUNTY FIRE - RESCUE SERVICES
FIRE MARSHAL'S OFFICE
803 SYCOLIN RD., SUITE 104 LEESBURG, VA 20175
703-737-8600 703-737-8595 (fax)
www.loudoun.gov**

**PERMIT INTERVIEW CHECK SHEET – LCFMO use only
Explosive Firm License**

Date:_____ **Firm Name:**_____

Yes No N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Application Complete |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Documents of financial liability provided |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certified blaster information provided and reviewed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Persons handling explosives information provided and reviewed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transport vehicle information provided and reviewed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | USDOT – HM registration number provided and reviewed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | USDOT – HM safety permit provided and reviewed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety and Security Plan provided and reviewed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ATFe license/permit provided and reviewed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DHCD license/permit provided and reviewed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DMME license/permit provided and reviewed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | List of reference jurisdictions provided and reviewed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Loudoun County Blasting requirements reviewed with applicant |

Signature and Badge # of Fire Marshal